

Missouri State University Cheerleading Clinic
LIABILITY RELEASE AND WAIVER FORM

Every participant must have a completed and signed release form to turn in at registration at the door in order to participate.

Minor's Name _____
Name of Parent or Legal Guardian _____
Address _____
School/Team Name _____
City, State, Zip _____
Daytime Phone Number (_____) _____
Evening Phone Number (_____) _____

Liability Release:

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the Missouri State University Cheer Clinic (hereinafter "Clinic") to be conducted by the Missouri State University Spirit Squads. I, in my own behalf and on behalf of Minor, further agree to release and hold harmless Missouri State University, Hammons Student Center, on whose premises the Clinic will occur (hereinafter the "Location"), the affiliates of Missouri State University and the respective directors, officers, representatives, members, agents and employees of Missouri State University and their respective affiliates (hereinafter collectively "Releasees") from any and all liability **whether caused by negligence of the Releasees or otherwise** for any claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Clinic, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and the administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities.

I further agree to reimburse and to make good to the Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand. I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that Clinic will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

Supervision: A chaperone/Adult (age 21 and over) is required to attend with participants. This Chaperone will be responsible for the participants at all times. Missouri State University Spirit Squads are not responsible for participants' supervision.

Appearance Agreement: I understand that Missouri State University from time to time produces promotional material relating to its programs. I understand that as a participant and/or spectator at the

Clinic that Minor may be included in videotapes, DVDs, podcasts and videocasts or photographs taken during the Clinic. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Missouri State University, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as part of the Clinic or in any other media now in existence or hereafter developed, in advertising and promoting the Clinic, in advertising and promoting similar future Clinics or in advertising and promotions relating to Missouri State University without reservations and limitations. I further understand that neither Missouri State University nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. Herein granted. I waive any right to inspect or approve the programs, copies thereof and any promotional materials related thereto.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Clinic. In the case of such illness or injury, I authorize Missouri State University to obtain necessary medical treatment for Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during Clinic and while traveling to and from the site for the Clinic whether or not the Clinic actually occurs.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Clinic and that he/she shall consume the prescribed dosage for such medications:

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

I, in my own behalf and on behalf of Minor, **hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents.** I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Clinic will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian:

X _____

Relationship to Minor: _____

Minor SS# _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver Form.

Signature of Minor:

X _____